

APPENDIX A – Service Item Code A1203

May 2007

VA DEPARTMENT OF REHABILITATIVE SERVICES

PROVISION OF SERVICES AGREEMENT FOR COMMUNITY SUPPORT SERVICES FOR PEOPLE WITH BRAIN INJURIES (CSS/BI)

NOTE: For agency purposes, DRS Service Item Code A1203, “Community Support Services for People with Brain Injuries” is used only for services to persons with traumatic and other acquired brain injuries (e.g., tumor, anoxia, stroke). Using this Service Code allows the agency to facilitate / monitor the provision of services to individuals who often have complex and multiple cognitive, behavioral, emotional, and other impairments resulting from a brain injury, and which require qualified providers of specialized services.

I. Policy.

Deficits in non-vocational life areas may adversely affect an individual’s ability to gain and/or maintain employment. It is the policy of the Virginia Department of Rehabilitative Services (DRS) to provide Community Support Services (CSS) to customers with traumatic and other acquired brain injury (e.g., tumor, anoxia, stroke) who require these services to establish eligibility, assess rehabilitation and career needs, or achieve an employment goal. Services may be provided through Woodrow Wilson Rehabilitation Center’s programs or through community-based Providers, depending upon the customer’s needs and desires.

II. Definition.

- A. Community Support Services (CSS) involves the provision of intensive one-to-one services that assist an individual with an acquired brain injury to live and participate as independently and effectively as possible in home, work, and community settings of choice. Community Support Services provided to Vocational Rehabilitation customers are provided during the postacute period of an individual’s recovery and should be provided in the environment in which the skills and abilities will be used, i.e., home and community settings. Community Support Services typically focuses more on the development and implementation of *compensatory* strategies versus the *retraining* of cognitive skills.
- B. Specific services may include education, life skills training, assessment and instruction related to the use of assistive technology, and development and implementation of strategies and techniques that allow an individual to live and participate successfully in community settings. Areas targeted for Community Support Services may include household and financial management, personal care/hygiene, coping and social skills, using transportation, and other similar skills and tasks.
- C. In most cases, Community Support Services should include a comprehensive Community Support Assessment, development of an individualized Community Support Services Plan (*Section VI*), and implementation of compensatory strategies. Agency-funded Community Support Services are intended to be provided on a short-term basis, with services gradually decreasing as the Community Support Services Provider fades his/her presence and the individual becomes more independent in carrying out the specific tasks or activities (similar to the provision of job coaching services).

III. Qualified Providers.

- A. *Community Support Services Supervisor.* All Community Support Services provided to DRS customers must be supervised by a qualified *Community Support Services Supervisor* who meets the following minimum requirements: a graduate degree or state licensure in a clinical field such as rehabilitation counseling, special education, psychology, occupational therapy, speech language pathology, or other related rehabilitation or human services fields; and a minimum of two years of documented training and experience working directly with individuals with brain injuries, which should include training and experience in the provision of the services referred to in this document as “Community Support Services for People with Brain Injuries”; and two years of experience in a Supervisory role. On an individual basis, extensive training and/or years of experience may be considered as partial fulfillment of these requirements.
- B. *Community Support Services Provider.* All Community Support Services provided to DRS customers must be provided by a qualified *Community Support Services Provider* who meets the following minimum requirements: an undergraduate degree in a related clinical field such as rehabilitation counseling, special education, psychology, occupational therapy, speech language pathology, or other relevant rehabilitation or human services fields; and a minimum of two years of documented training and experience working directly with individuals with brain injuries, which should include training and experience in the provision of the services referred to in this document as “Community Support Services for People with Brain Injuries.” Relevant training and/or years of experience may be considered as partial fulfillment of these requirements.

It is recommended that vendors provide ongoing training in brain injury to their Community Support Services staff on a quarterly, or at least annual, basis through attendance at workshops, conferences, or in-service training. DRS Brain Injury & Spinal Cord Injury Services can assist in identifying training opportunities and individuals to provide training in specific areas (e.g., writing task analyses; pharmacology; Positive Behavior Support).

- C. *Neuropsychologist / Licensed Clinical Psychologist.* All vendors of Community Support Services must provide a written statement from a neuropsychologist or licensed clinical psychologist specializing in brain injury stating that he or she agrees to provide consultative services to the vendor as needed. The DRS Vocational Rehabilitation counselor, together with the DRS customer and the Community Support Services vendor, determines the extent of the involvement of a neuropsychologist/licensed clinical psychologist. On a case-by-case basis, this may range from “no involvement necessary” to “on call” for crisis situations to “active member” of a support team. (*Note:* If the involvement of a neuropsychologist is indicated, the DRS counselor authorizes and reimburses the neuropsychologist directly. Counselors should refer to the **DRS Services Reference Manual** for the maximum allowable rate reimbursement.)

All neuropsychologists / licensed clinical psychologists must be approved to provide behavioral health services to DRS customers. Contact Dr. Fred Capps at Woodrow Wilson Rehabilitation Center to verify the approval status of a neuropsychologist / licensed clinical psychologist as a vendor of behavioral health services or for information on how to apply for approval as a vendor of behavioral health services.

IV. Service Provision.

- A. *Circles of Support Team Approach / Positive Behavioral Support.* When a DRS customer receiving Community Support Services has challenging behaviors that affect his or her ability to function productively and independently in the community, the Community Support Services Provider may request that the agency approve consultation with a licensed professional who has expertise in brain injury and behavioral approaches/strategies for decreasing challenging behaviors and increasing positive behaviors. (*Note:* If a behavioral consultation is approved, the DRS counselor authorizes and reimburses the behavioral health services provider directly. Counselors should refer to the **DRS Services Reference Manual** for the maximum allowable rate reimbursement.)

When working with an individual with challenging behavior, the Community Support Services Provider is strongly encouraged to provide leadership in developing “circles of support teams,” a critical component of a Positive Behavior Support approach.

- B. *Quality Characteristics.* The provision of Community Support Services should be consumer-directed. Services and supports should be provided in community-based settings that are age-appropriate and which include a diversity of people in naturally occurring proportions, including people with and without identified disabilities. Settings should be accessible to allow for the maximum participation of the individual. Service delivery and supports should be natural, non-intrusive, and non-stigmatizing.

V. Role of the Vocational Rehabilitation Counselor.

The Vocational Rehabilitation (VR) counselor should consider Community Support Services like any other service purchased for a DRS customer. In partnership with the VR customer and his/her representative if appropriate, the counselor determines that the consumer has a need for, or would benefit from, Community Support Services to establish eligibility, assess rehabilitation and career needs, or achieve an employment goal. After authorizing an initial Community Support Assessment (*Section VI*), and based on a Community Support Service Plan (*Section VI*) that is developed or endorsed by a qualified Community Support Services Supervisor (see *Section III*), the VR counselor coordinates the provision of services by working with the consumer to:

- select a provider;
- specify the desired outcome;
- identify the nature of the service, including how long the service is to be provided and under what circumstances; and
- monitor the provision of services.

Consultation and assistance are available throughout the process from the DRS Brain Injury & Spinal Cord Injury Services Unit and the WWRC Brain Injury Services Program.

VI. Community Support Services Plan.

- A. *Community Support Assessment / Community Support Services Plan.* It is recommended that the VR counselor initially authorize up to six (6) hours for the service provider to conduct a Community Support Assessment and to prepare a written Community Support Services Plan. (The initial authorization for assessment and development of a written plan is considered a direct service and is authorized and billed under *DRS Service Item Code*

A1203 - *Community Support Services*.) All Community Support Services Plans must be developed by a qualified Community Support Services Provider (*Section III*) and reviewed by a qualified Community Support Services Supervisor (*Section III*).

- B. Once the VR counselor and the consumer have approved the Community Support Services Plan, additional Community Support Services hours can be authorized based on the plan. While Community Support Services are individualized to each customer's needs, duration of services generally should not exceed four (4) months. Service providers who propose a plan exceeding four months, or who request an authorization for additional hours after the end of a four month period, should include written justification specifying the need for a longer period of service provision.
- C. The Community Support Services Plan should include the following:
1. Identification of functional and measurable goals, including timelines for achieving.
 2. A description of the plan of services to include:
 - the staff responsible for the provision of Community Support Services (i.e., the Community Support Services Provider) and the staff responsible for supervision of Community Support Services (i.e., the Community Support Services Supervisor);
 - the method(s) of instruction/intervention used in the provision of specific skills training (**Note:** Please refer to Section IV, A. and B., and Section V., D. for the recommended quality characteristics of service provision. In addition, a task analytic instructional approach is strongly recommended for training of specific skills.); and
 - the proposed number of hours of service per day or week, and the specific environment(s) in which services will be provided (to ensure maximum application of skills to "real life" environments). As an individual becomes proficient in the skill areas being addressed, the number of hours provided per week should be decreased gradually; this should be reflected in the plan with a schedule for gradually reducing service hours over a specified time period.
 3. An estimate of the duration and cost (including the approved hourly rate) for the entire plan of services.
 4. Methods of measuring progress, including guidelines for adjustment and revision of an individual's service plan, and criteria for ending services.
- D. *Quality Characteristics.* The Community Support Services Plans should be consumer-directed (i.e., the goals and objectives in the plan are identified and/or agreed upon by the individual receiving services). The plan should entail the provision of supports and services in community-based settings that are age-appropriate and which include a diversity of people in naturally occurring proportions, including people with and without identified disabilities. Settings should be accessible to allow for the maximum participation of the individual. Service delivery and supports should be natural, non-intrusive, and non-stigmatizing.

VII. Modifying / Terminating Services.

- A. DRS staff will monitor services through ongoing communication with - and reports received from - service providers to ensure that the provision of Community Support Services is measurably improving an individual's functional skills and abilities. If an individual's ability to function successfully on a daily basis does not appear to be improving, the service may need to be modified or terminated (*see #2 below*). The DRS counselor, and the consumer and his/her representative if appropriate, shall make this decision based on service provider and/or consultant recommendations.
- B. Community Support Services should be terminated when:
1. the individual has met the goals established in the Community Support Services Plan (e.g., the individual has mastered certain skills or strategies to achieve an employment outcome or to enter vocational training); or
 2. after a specified period of time, and following appropriate modifications to the Community Support Services Plan and the service delivery program, it is clear that the individual is unable to meet the intermediate and/or long-term objectives set forth in the Individual Plan for Employment (IPE) for VR services or extended evaluation; or
 3. the results of an extended evaluation provide clear and convincing evidence that the individual would be unable to benefit from vocational rehabilitation services in terms of an employment outcome; or
 4. the individual does not comply with the basic requirements of the Community Support Services Plan and appropriate counseling and guidance provided by the counselor, other agency staff, or the provider do not improve compliance; or
 5. medical issues contraindicate the individual's participation in the program.

VIII. Reimbursement Rates.

DRS will reimburse Vendors for the provision of Community Support Services for People with Brain Injuries (*DRS Service Item Code A1203*) as follows:

- (1) Vendors with a current Purchase of Services vendor agreement with DRS for Supported Employment Services will be reimbursed at their DRS-approved hourly job coach rate.
- (2) Vendors without a Purchase of Services agreement with DRS for Supported Employment Services will be reimbursed at the average hourly job coach rate for the vendor's DRS region, which is determined by the primary service location or main office address. Contact Kenna Bayer, DRS Vendor Services, at Kenna.Bayer@drs.virginia.gov for regional job coach rates.



For additional information or assistance contact Patricia Goodall Patti.Goodall@drs.virginia.gov (Brain Injury & Spinal Cord Injury Services) at 804/662-7615 or 800/552-5019 or Kenna Bayer Kenna.Bayer@drs.virginia.gov (Vendor Services) at 540/776-2740 or 800/552-5019.